

PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID

DATE: **May 16, 2022**

TIME: **10:00 A.M.**

Teleconference Phone Number **1-614-721-2972**

Teleconference Pin **916211497#**

Link to Microsoft Teams Meeting for Hearing [Click here to join the meeting](#)

Pursuant to Chapter 119. and section 5164.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption, amendment, or rescission of the rule or rules identified below and of a public hearing thereon.

5160-27-03 "Reimbursement for community behavioral health services" is being proposed for amendment to revise language regarding third party liability policy and to remove regulation found in other Medicaid rules. The rule appendix is also being proposed for amendment to clarify reimbursement policy.

Pursuant to Section three of Sub. H.B. 51 (134th General Assembly), ODM will hold the public hearing for this rule package via teleconference. The phone number, PIN (access code), link for teleconference attendance, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent via email is highly recommended. All testimony received via email will receive a confirmation of receipt.

A copy of the proposed rule is available, without charge, to any person at the address listed below. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rule or comments on the rule should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400,

Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: [ODM EEO EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov) at least three (3) business days prior to the scheduled meeting. If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).